

RECREATION CENTER CAMPS

City of Stockton Community Centers offer seasonal camps to bridge the gap between school breaks. Our programs offer parents the ability to continue their schedules with the knowledge that their children are well cared for and are having fun!

FIND THE LOCATION THAT WORKS FOR YOU!



Arnold Rue Community Center
5758 Lorraine Avenue, 95210
Ages 5-12 | Mon—Fri 10:00am—3:00pm



Stribley Community Center
1760 East Sonora Street, 95205
Ages 5-12 | Mon—Fri 7:30am—5:30pm

COMPLETE THE
ATTACHED
REGISTRATION FORM
TURN IN TO THE COMMUNITY
CENTER YOU PREFER YOUR
CHILD TO ATTEND.

ARNOLD RUE WINTER CAMP 2016-17

ARNOLD RUE COMMUNITY CENTER WINTER CAMP 2016 | 5758 LORRAINE AVE., 95210 | (209) 937-7350

CAMP WEEKS	DAYS/HOURS	THEMES	FREE Breakfast Provided	FREE Lunch Provided	Weekly Tuition for Camp	Additional Sibling(s) Rate	Age of Participants
December 19— December 23, 2016	M-F 10:00a - 3:00p	Camp Fun	N/A	N/A	\$40.00	\$30.00	5 - 12
December 27—December 30, 2016 *	T-F 10:00a - 3:00p *	Camp Fun	N/A	N/A	\$40.00	\$30.00	5 - 12
January 3—January 6, 2017 *	T-F 10:00a - 3:00p *	Camp Fun	N/A	N/A	\$40.00	\$30.00	5 - 12

**Excludes Monday, December 26th and Monday, January 2nd Single Day Camp option also available for \$15 per day*

REGISTER TODAY - SPOTS FILL QUICKLY



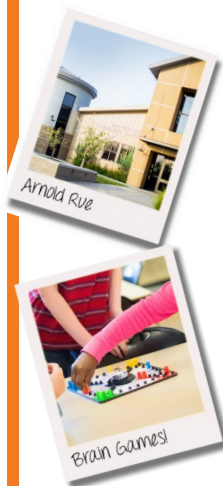
Community Services Department offers children ages 5-12 a place to learn, play, have fun, and stay safe during school break. Please note that payment for each week requested is due 2-weeks prior to first day of camp. Camp is based on the number of participants registered and is subject to cancellation. Payment and registration form(s) are required, one for every child in attendance. Registration is a first come-first serve basis. **Registrations will not be refunded or pro-rated.**

Meals: Please send your child with a lunch and snacks as needed to sustain their regular eating habits.

Please note to label ALL belongings clearly with the child's name or identifying mark. The City of Stockton will not be responsible for lost or stolen items.

LATE FEE: Additional \$15 fee per 15 minutes per child is picked up after the end of camp time. No Exceptions.

To Register: Complete the Camp Permission Slip/Medical Release and turn in to the Community Center providing the camp.



LEARN ABOUT OTHER PROGRAMS AT WWW.STOCKTONGOV.COM

COMMUNITY SERVICES
RECREATION
(209) 937-8206
www.stocktongov.org



Recreation
Makes
Life
Better!



HEALTHY BODY | OPEN MIND | BALANCED LIFE

STRIBLEY WINTER CAMP 2016-17

STRIBLEY CENTER WINTER CAMP 2016 | 1760 E. SONORA STREET, 95205 | (209) 937-7351

CAMP WEEKS 2016	DAYS/HOURS	THEMES	FREE Breakfast Provided	FREE Lunch Provided	Weekly Tuition for Camp	Additional Sibling(s) Rate	Age of Participants
December 19— December 23, 2016	M-F 7:30a - 5:30p	Camp Fun	N/A	N/A	\$80.00	\$60.00	5 - 12
December 27—December 30, 2016 *	T-F 7:30a - 5:30p*	Camp Fun	N/A	N/A	\$80.00	\$60.00	5 - 12
January 3—January 6, 2017 *	T-F 7:30a - 5:30p *	Camp Fun	N/A	N/A	\$80.00	\$60.00	5 - 12

**Excludes Monday, December 26th and Monday, January 2nd Single Day Camp option also available for \$25 per day*

REGISTER TODAY - SPOTS FILL QUICKLY



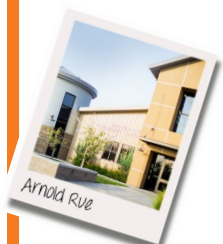
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CAMP PERMISSION SLIP/MEDICAL RELEASEParticipant's Full Name: _____ DOB: _____ Age: _____ Sex: ☐ M ☐ F

Street Address: _____ City: _____ Zip: _____

Father/Guardian	_____
Father Home #	_____
Father Cell #	_____
Father Work #	_____
Father Email	_____

Mother/Guardian	_____
Mother Home #	_____
Mother Cell #	_____
Mother Work #	_____
Mother Email	_____

EMERGENCY CONTACT: Name: _____

Relationship to Child: _____ Cell #: _____ Work#: _____ Home #: _____

INSURANCE CARRIER: _____ I.D.#: _____

ASSIGNED DROP-OFF/PICK-UP INDIVIDUALS:

Children must be signed in/out daily by an adult listed below. Individuals must be 18 years of age and possess a valid drivers license.
Individuals will be required to show their drivers license.

Name	Relationship	Home/Cell Phone	Work Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Special Conditions (Disabilities, allergies, medical emergency information): _____

Campers must be able to monitor and administer their own medication at camp. Is your child taking any medication? ☐ Yes ☐ No

List Medication/Reason/Dosage/Interval: _____

PARENT/GUARDIAN CONSENT OF WAIVER FOR PARTICIPATION: I fully understand that my participation in this event/program exposes me to the risk of personal injury or property damage. I hereby acknowledge that I am voluntarily participating in this event/program and agree to assume and such risk. I hereby release, discharge and agree not to sue the City of Stockton, its officers, employees, agents, and contractors for any injury or damage to or loss of personal property arising out of, or in connection with, my participation in the event/program from whatever cause, including the active or passive negligence of the promoter/organizer or City of any other participant in the event/program. In consideration for being permitted to participate in the event/program, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City from any and all claims, demands, actions, or suits arising out of or in connection with my participation. This form will serve as a medical release in the case of an emergency. I also understand that by participating in this event/program that I am giving consent for images of myself to be used for promotional purposes or instruction by the City of Stockton.

I have carefully read this release, hold harmless and agree not to sue and fully understand its contents. I am aware that this form is a full release of all liabilities and signed by my own free will.

PARENT SIGNATURE: _____ DATE: _____